RECREATION CLASS REGISTRATION APPLICATION FORM: Please fill out completely.

FIRST NAME ADDRESS			LAST NAME				
				CITY		ZIP CODE	
PRIMARY PHONE # CELL PHONE # EMAIL ADDRESS REQUIRED				CELL PHONE CARRIER FOR TEXT MESSAGE ALERTS			
			EMERGENCY CONTACT				
					CLASS		CLASS
l	PARTICIPANT'S NAME	ACTIVITY NAME	CLASS CODE	LOCATION	START DATE	TIME	FEE
FIRST	LAST	1st CHOICE					
AGE	BIRTHDATE / /	2nd CHOICE					
GENDER		3rd CHOICE					
(Circle One)	FEMALE MALE						
FIRST	LAST	1st CHOICE					
AGE	BIRTHDATE / /	2nd CHOICE					
GENDER (Circle One)	FEMALE MALE	3rd CHOICE					
FIRST	LAST	1st CHOICE					
AGE	BIRTHDATE / /	2nd CHOICE					
GENDER (Circle One)	FEMALE MALE	3rd CHOICE					
FIRST	LAST	1st CHOICE					
AGE	BIRTHDATE / /	2nd CHOICE					
GENDER (Circle One)	FEMALE MALE	3rd CHOICE					
		DEBIT, VISA, MASTERC	ARD AND AMERICAN	EXPRESS CARD	<u></u> s		
	We only ac	are accepted for all ove cept cash*, check, money orde	er-the-counter and on	line transactions.			
			cepted for mail-in regist				
	To request a rea	The City of Chandler intends to descend accommodation, please consonable accommodation, please consonable accommodation.				e.	
	I agree to indemr	nderstand that the City of Chandle nify and hold harmless the City of e my permission for any photos/v	Chandler from all losses of	or injuries sustained d	uring my participation	on.	
Signature o	of Parent/Payee:						
	-	? Simply make a copy of this one	or print one from the online	Break Time at www	chandleraz gov/bre	aktime	
OFFICIAL LI		.,	. ,	DOEEICIAL LISE ONL			

Mail form to: City of Chandler * Recreation Class Registration * Mail Stop 501 * P.O. Box 4008 * Chandler, AZ 85244-4008

Receipt #:

Date Received:

Check #: